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ABSTRACT

A study was conducted of the internalization of the nursing process, based on the assumption that use of nursing-process terminology (to describe an interaction between a health-care provider and a client) might indicate internalization of the process. Six subjects (three college seniors and three registered nurses who had completed a baccalaureate program before 1968) independently viewed a videotape of an interview between a health-care provider and a patient. Each subject was then asked to describe what had just been seen, and their comments were audiotaped, transcribed and reviewed. The subjects did not in any instance use terminology commonly associated with the nursing process. A followup study is suggested, and it is hypothesized that one of the problems may be that the problem-solving process (with which the student nurse is already equipped) is substituted for the nursing process model. Contains 6 references. (KM)

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NURSING PROCESS IS IT JUST A LABEL?

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Nursing Process Is It Just A Label?

Nursing leaders both in education and nursing service are proponents of the "Nursing Process". Since the mid 1960's the nursing process has been increasingly taught in educational programs as the best approach to improving nursing pratice. According to most authors, the purpose of the nursing process has been to provide nurses and student nurses with a systemized way to make decisions leading to appropriate nursing actions. The nursing process was to have been the means for maximizing quality patient care to return the patient to as high a level of functioning as possible. Little or no evidence has been identified in the literature which supports the contention that the process does indeed improve a nurse's function.

During a graduate course in which the nursing process was critiqued, we questioned if the steps of the process were merely labels rather than guides for quality practice. We were particularly interested in determining whether or not nurses actually implement the nursing process in their practice. A major problem was the difficulty of measuring if implementation of the process occurred in nursing situations. We decided to assume that the use of nursing process terminology to describe an interaction between a health care provider and client might be an indication of internalization of the nursing process. We also decided that a test of use of the nursing process would be a comparison between two groups of nurses, one with known Baccalaureate of Science educational exposure to the nursing process and one with no exposure to the process. Although this is an indirect approach, it has the advantage of simplicity.

The questions of concern were:

1. Do nurses/student nurses use nursing process terminology in describing provider/client interaction?
2. Is there a difference between nurses and student nurses in their description of a provider/client interaction?

In order to determine if the labels for the different steps in the nursing process were approximately the same the literature relating to the nursing process was reviewed. An early and popular nursing process model was that of Yura and Walsh's (1983) who defined nursing process as a designated series of actions intended to fulfill the purpose of nursing. They identified the skills necessary for the nurse to have in order to use the nursing proess: "intellectual, interpersonal and technical." Intellectual skills entail problem-solving, critical thinking, and making nursing judgements. Their four phases, or components of the nursing process were listed as: assessing, planning, implementing and evaluating. These components were identified as progressive steps within the process and were seen as interdependent and cyclic. Yura and Walsh defined the nursing process in 1967 and it stays unchanged in their 1983 edition.

Little and Carnevali (1976) in their book Nursing Care Planning divided the nursing process into five components. Instead of the planning step, these authors included two steps: diagnosis and prescription, and described the nursing process as a cyclic pattern of thinking and behaving. Little and Carnevali discussed the process of combining data and knowledge in the critical thinking skill of assessment - diagnosis. These authors also suggested that nurses learn to identify cues and to differentiate and assign weights to them in terms of diagnosis and urgency of response. Knowledge was an important component in identifying diagnoses.

Mayers (1978) also suggested a five step process for the planning and implementing of patient care. Her steps: gathering data, identifying problems, defining expected outcome, prescribing best solutions, and evaluating, are closely related to Yura and Walsh's four components. Mayers stated (1978) that the technical, behavioral and intellectual skills of nursing practice were utilized in the nursing process. These intellectual skills are: lateral thinking which involves gathering information and viewing it in a new way, vertical thinking (problem solving) and discriminative thinking. Mayer's contended that the process inherent in the nursing process is not unique to nursing but is used by every professional discipline, occupational group, or human being. It is a problem solving process composed of several components: data gathering, problem identification, goal setting, method implementation, and evaluation.

Francis (1967) put forth the nursing process as an application of scientific problem solving to nursing care. The process organizes a nurse's approach to patient care and includes the steps in problem solving:

1. Recognition of the problem
2. Definition of the problem
3. Identification of possible solutions to the problem
4. Implementation of possible solutions
5. Testing the solutions

These steps are very similiar to Yura and Walsh's model but identified differently.

Problem solving and nursing process appear to contain the same components. One of the differences is that with problem solving the problem is identified first. In the nursing process, problem identification comes later at the end of the assessment step. Stuart and Sundee (1976) stated that the nursing process is a problem solving process used by the nurse. Also, that problem solving and the nursing process are distinguishable by their purpose and method. The purpose is to maximize a client's positive interaction with his environment, his level of wellness, and his degree of self actualization. The purpose of the problem solving process is the resolution of a problem. With problem solving the process can be conducted in isolation, in the nursing process the nurse interacts with a patient.

Six subjects were involved in the study. Three of the subjects were generic baccalaureate students in their senior year. They were known to have had three semesters of content heavily laden with the "nursing process" and practice in using it. The other three subjects were R.N.s who had completed a generic baccalaureate program prior to 1968. Our assumption was that the older graduates had had little, if any, exposure to the "nursing process" at the baccalaureate level.

Each subject independently viewed a videotape of an interview between a "health care provider" (identified by lab coat) and a "patient" (identified by pajamas). The videotaped interview was unstructured and had been identified by us to demonstrate the use of the nursing process in an interaction.

After viewing the videotape, each subject was asked to "describe what you have just seen". No other questions were asked. Each subject's response was audiotaped and their responses were then typed verbatim.

The verbatim reports were reviewed independently by each of the researchers in an effort to increase the accuracy of the analysis. The researchers then merged their summaries based on their common perceptions of the subjects' responses. (See Table 1)

The subjects did not in any instance use terminology commonly associated with the "nursing process". Terminology did vary between subjects, as the students relied heavily on "helping skill" terminology acquired during their sophomore year.

TABLE I

SUMMARY OF RESPONSES

SUBJECT	PURPOSE OF INTERACTION	PARTICIPANTS IDENTIFIED	FOCUS OF INTERACTION	DESCRIPTION OF PROBLEM
Baccalaureate				
#1	practicing basic sophomore helping skills	patient social worker	home problems of patient - housekeeping and child care.	-
#2	helping skills	health professional patient	home problems	problem solving open ended questions
#3	discharge interview	health professional patient	discharge teaching focused on patient going home	problem solving
RNs				
#1	discharge interview	nurse respondent	concern about going back to work and child care	unstructured interview
#2	situational demonstration	health care provider	home problems - child care and housekeeping	
#3	discharge planning	patient social worker	patients stress re: child care and housekeeping	solve a problem

We identified the content to be segmented into purpose of interacton, identification of participants, focus of interaction, and description of process. There were more commonalities than differences in comments (See Table I). It is significant that in 3 out of 6 descriptions the process was labeled problem solving and in the other 3 no process was identified. Also of interest is that only one of the subjects identified this as a nurse/client interaction.

Our questions of concern dealt with whether or not nurses incorporated the nursing process into their practices. We assumed that the use of terminology was a measure of use of the nursing process model. Our results suggest that nursing process terminology is not being used, and if our assumption is correct, this might be an indication that nursing process is not being incorporated into practice. We suggest that a follow up study using a videotape more clearly identifying the participants as "nurse" and "client" and with a larger group would be advantageous in further nursing process studies.

Nurses and student nurses often express frustration at their inability to transfer education into reality. Perhaps one of the problems is that the nursing process model is an artificial overlay or rewording of the problem solving process with which the student nurse is already equipped. Thus, the nursing process might be something that students conform to in order to graduate, but do not actively internalize for application in practice. It may be that nurses and student nurses use problem solving techniques in practice, a skill with which they are already equipped. Perhaps teachers of nursing should work to enhance already present problem solving techniques rather than requiring students to learn a new set of terms and concepts that may not be effectively transferred from education to practice.

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